


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 27, 2004 8:00 am
Secretary of State

08-27-2004 90003 024 ***150.00

DOCUMENT # F03000003782	
1. Entity Name SIMPLE PROCESSING, INC.	

Principal Place of Business 577 DELTONA BLVD., SUITE 21 DELTONA, FL 32725	Mailing Address 577 DELTONA BLVD., SUITE 21 DELTONA, FL 32725
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54070398

2. Principal Place of Business 3192 Verbena Ct	3. Mailing Address 915 Doyle Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc. Ste 303 Box 153



07082004 Chg-P CR2E034 (10/03)

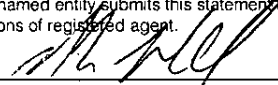
City & State Deltona FL	City & State Deltona FL
Zip 32725 Country USA	Zip 32725 Country USA

4. FEI Number 56-2310942	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

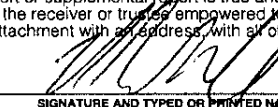
6. Name and Address of Current Registered Agent BUSINESS FILINGS INCORPORATED 660 EAST JEFFERSON STREET TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent Name Noah Markel Street Address (P.O. Box Number is Not Acceptable) 3192 Verbena Ct City Deltona FL 32725

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE  Noah Markel, President 7/8/04 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MARKEL, NOAH 577 DELTONA BLVD., SUITE 21 DELTONA, FL 32725 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Markel, Noah 3192 Verbena Ct Deltona, FL 32725 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE:  Noah Markel 7/8/04 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 7/8/04 Daytime Phone # (386) 532-3452